



PREVENTION OPPORTUNITIES UNDER THE BIG SKY

Participation Rate in Colorectal Cancer Screening is Low in Montana

Colorectal cancer (CRC) is the third most common cause of cancer death among men and women in Montana and the United States.¹ Many deaths caused by CRC can be prevented by detecting the disease at an early or precancerous stage when treatment is the most effective. The U.S. Preventive Services Task Force (USPSTF) recommends men and women of average risk (no family or personal history) aged 50 to 75 years should be screened for CRC via fecal occult blood testing (every 12 months), or sigmoidoscopy (every 5 years), or colonoscopy (every 10 years).² Screening of adults aged 76 to 85 years should be considered on an individual basis in consultation with a healthcare provider and adults aged 85 years or older should not be screened.²

This issue of *Montana Public Health* examines factors associated with low adult participation in CRC screening in Montana and discusses what healthcare providers and healthcare systems can do to increase CRC screening among their patients.

CRC and CRC Screening in Montana

Each year approximately 500 Montanans are diagnosed with invasive CRC (between 2007 and 2011).³ Only 39% of Montana cases are diagnosed at the local stage, in part due to the underuse of screening.³ In fact, in 2012 only 56% of Montana adults aged 50 to 75 years were up-to-date with CRC screening (Figure 1).⁴ Participation in CRC screening in Montana is far lower than the Healthy People 2020 objective of 71%.⁵ In 2012 Montana ranked third lowest among all US states with regard to the percent of adults up-to-date with CRC screening.⁶

Barriers to CRC Screening

Many, including providers, may intuitively think that cost is the major barrier for adults to get screened for CRC. However data indicate this is not the only reason. The Montana Behavioral Risk Factor Surveillance System (BRFSS) found that the leading reason adults aged 50 to 75 years had never had a lower endoscopy was they "Did not think they needed it" (41%) (Figure 2).⁴ These adults cited reasons such as age (too young or too old) or they "felt healthy". Many respondents also cited that their "Doctor did not recommend it [CRC screening]" (17%) or "cost" (17%) (Figure 2).⁴ In addition, three out of four Montanans (77%) who were not up-to-date with CRC screening have health insurance (Figure 1).⁴ All health insurance plans now cover preventive services, such as cancer screenings, as required by the Affordable Care Act. For Montanans with healthcare coverage, cost should not be a barrier to cancer screening.

Adults are more likely to complete CRC screening tests when they are able to pick the test they prefer.⁷ Among Montanans up-to-date with CRC screening, colonoscopy was the most commonly used test (53%), followed by FOBT/FIT (7%).⁴ Studies have shown that adults would prefer FOBT/FIT if their healthcare provider gave them that option.⁷

Figure 1. Percentage of adults aged 50 to 75 years reported to be up-to-date with CRC screening and health insurance status of adults not up-to-date with CRC screening, Montana BRFSS 2012

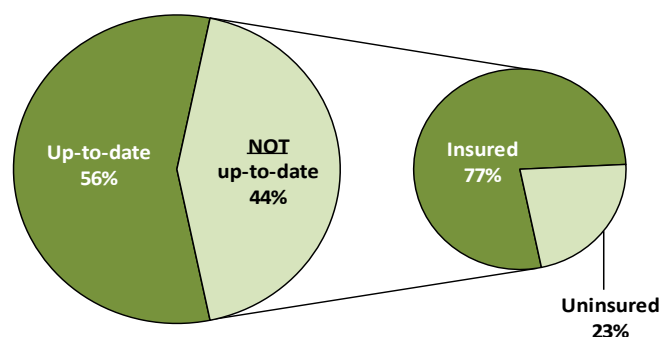
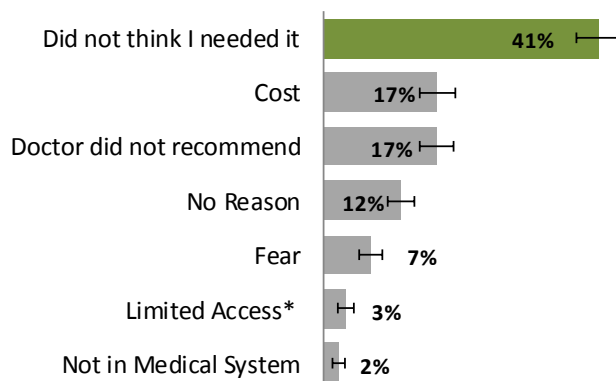


Figure 2. The main reason reported for never having had a lower endoscopy (sigmoidoscopy or colonoscopy) among adults aged 50 to 75 years old, Montana BRFSS 2010



I represents 95% Confidence Interval

* Limited access includes distance, too long a wait for an appointment, no transportation, no access for people with disabilities, etc.

Best Practices for Healthcare Providers and Healthcare Systems to Increase Colorectal Cancer Screening^{7,8}

- Use patient reminder systems to notify patients when it is time to get a screening test. Many adults do not know that they need to be screened for CRC and are not notified when it is time to be tested.
- Most healthcare systems rely on physicians to discuss CRC screening with patients. Nurses and other staff should also talk with patients about CRC screening.
- Healthcare systems can use a patient navigator to explain how to prepare for a test, how the test is done, and to ensure adults get to their appointment.
- Mail FOBT/FIT kits that patients can complete at home and return, then make sure that abnormal test results are promptly followed-up with a colonoscopy.
- Offer recommended test options, with advice about each.
- Match patients with the test they are most likely to complete.

Resources to facilitate CRC Screening

- Free or reduced cost screening tests for breast, cervical, and colorectal cancers are available to eligible adults who meet certain age and financial guidelines from the Montana Cancer Control Programs (www.cancer.mt.gov).
- Tools to help healthcare providers in their practice, such as sample patient screening and follow-up reminders made available by the American Cancer Society: www.cancer.org/healthy/informationforhealthcareprofessionals/colonmdcliniciansinformationsource/foryourclinicalpractice

For more information, contact Leah Merchant, Montana Cancer Control Programs, www.cancer.mt.gov, 406-444-4599.

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2,000 copies of this public document were published at an estimated cost of \$0.66 per copy, for a total cost of \$1,326.00, which includes \$405.99 for printing and \$920.00 for distribution.



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